UNITED STATES DISTRICT COURT DISTRICT OF OREGON

	PLICATION F MISSION – <i>PI</i>		
	MISSION - 11	io na	. VICE
rec	quests special ac	lmissio	n <i>pro hac vice</i> in
		unders	tand the
Dan		G	
(First Name)		(MI)	(Suffix)
on: Booth Sweet LLP			
State:	МА	_ Zip:	02139
-8602	Fax Number:	617-2	50-8883
	com		
	Tac Vice Admission: the following informati Dan (First Name) on: Booth Sweet LLP 32R Essex Street State:	Dan (First Name) On: Booth Sweet LLP 32R Essex Street State: MA Fax Number:	Dan G (MI)

BA	BAR ADMISSIONS INFORMATION:					
(a)	State bar admission(s), date(s) of admission, and bar ID number(s): Massachusetts, 6/23/2008, #672090					
	New York, 9/2007, #4533725					
(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): District Court for the District of Massachusetts, 7/13/2010, #672090					
	Court of Appeals for the First Circuit, 10/16/2012, #1155151					
CE	RTIFICATION OF DISCIPLINARY ACTIONS:					
(a)	I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or					
(b)	■ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)					
CE	RTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:					
inst	we professional liability insurance, or financial responsibility equivalent to liability brance, that will apply and remain in force for the duration of the case, including any eal proceedings.					
RE	PRESENTATION STATEMENT:					
	n representing the following party(s) in this case: rin Plunkett					

	(6)		REGISTRATION:
n	n	1 17/1/14.1 18	KRC-ENTRATH NV

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 6th day of May , 2015

(Signature of Pro Hac Counsel)

Dan Booth
(Typed Name)

2015

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

Ath

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

May

	DATED this	day of			\sim .	1/2/	,
					J-4.	1-18	
			(Signatu	re of Local Couns	rel)	7	
Name:	Perriguey	Lake James	Hammond				
	(Last Name)	000010	(First Name)		(1	МІ)	(Suffix)
Oregon	State Bar Number:	983213					
Firm or	Business Affiliation	n:					
Mailing	Address: 1906 SV	V Madison Street					
City:	ortland		State	OR	Zip:	97205	
	Number: <u>50380351</u>	84	_ Business E-n	nail Address:	lake@law	works.com	
-		COI	URT ACTION				
		And the second s					
	Ø	Application approve	d subject to pay	ment of fees.	•		
		Application denied.					
	1.7	π ∞		and the second			
	DATED this	day of	W 62	<u> </u>			
			8) n	;	
				ust	~ Nak		

Judge